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ABSTRACT

This paper describes the inadequate leadership in service and educational delivery systems that affects adults with learning disabilities. The lack of leadership creates a situation in which there is no linkage among the professional communities dealing with learning disabilities, and no communication network to transmit knowledge. The problem is attributed to the little professional training devoted to learning disabilities in teacher training institutions and to the failure of learning-disabled adults to advocate on their own behalf. Several issues in educational service delivery to adults with learning disabilities are discussed: (1) identification of adult students with learning disabilities; (2) instructional sites where adult students with learning disabilities appear; (3) diagnostic test interpretation; (4) professional training of educators; (5) continuing education for professionals in adult education; (6) attitudes of service providers toward adults with learning disabilities; (7) instructional materials and delivery techniques; (8) types of instructional assistance; (9) interpretation of public policy; and (10) interfacing research and practice. Includes a list of 10 resources. (JDD)

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ISSUES IN EDUCATIONAL SERVICE DELIVERY TO ADULTS WITH LEARNING DISABILITIES

This is a report based on a year of exploration. Think of Lewis and Clark returning to President Thomas Jefferson in order to share their experiences exploring the vast Louisiana Purchase. There were geographic regions including the river networks of the west, the plains, and the mountains. Lewis and Clark found that the peoples living in various regions had little continuing contact with each other. If it could be said, the common concept which they shared, but did not communicate, was survival. In this analogy, I wish to report to you on a variety of observations of professional peoples in academic regions, and the consumers of various educational services: the adult students with learning disabilities. In the analogy, the adult students with learning disabilities correspond to the pioneer settlers.

Prior to the completion of my doctoral degree two years ago, I had observed child students with learning disabilities for twenty years who passed through my educational services "region" on their way to adulthood. During that same period

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Samuel Kirk, James Chalfant, Helmer Myklebust, Newell Kephart, Marianne Frostig, Jane Ayers, and many others in their regions of special education, occupational therapy, psychology, and neurology were describing common behavioral phenomena using different terminology. In the disciplines of education, neurology and rehabilitation for the sensory, motor, and mentally impaired, the rituals of professional training were developing in a number of isolated university communities. As with many isolated social groups, the apparent suspicion of contamination by other belief systems led to the self-contained vocabulary and philosophies of the etiology and treatment of the conditions now recognized as learning disabilities.

I am here today because my students with learning disabilities are now adults. They have progressed as settlers into the promised land of adulthood, but seem to be having a forty years wait before they can claim it because they have arrived only to survive on their own without adequate leadership in service and educational delivery systems. This is where you come in as professional service providers.

What can we say about adults with learning disabilities coming your way? Adults with learning disabilities severe enough to require constant support in independent living skills probably compose about three percent of our population (Tucker, Stevens, and Ysseldyke, 1983). The conservative

estimates of the incidence of learning disabilities by experts are based on a narrow definition of learning disabilities.

There is a population of adults with moderate learning disabilities who appear to be potentially independent; that is, they can navigate through the public school systems, about our towns and cities, and manage to eke out a survival. They populate our jails and prisons because they could not plan successful crimes. They are in our job-training programs and JTPA classes. They return to our GED and adult basic education programs to find educational and life survival skills. They enroll in the literacy programs throughout the country. This group is estimated to include about eight percent of our general population.

Then there is still another group of very intelligent adults who have quite mild profiles of learning problems which include slow reading, poor spelling, illegible handwriting, a lack of athletic prowess, problems with time management, inadequate language reception and communication abilities. This group could conceivably include another three percent of the general population, although they escape detection due to their ability to achieve in fields of professional endeavor which exclude the weak learning areas.

The adults in the severely affected group have been observed to continue living at home under parental guidance or in a few half-way houses being established. The high-

achieving adults with mild (but stress-causing) learning problems are able to access educational and professional support systems. The high-achieving adults with learning disabilities become the "absent minded professors" of our universities and the "workaholics" of business and industries. Coexisting with a successful career and a learning disability is very stressful; it exhausts people both physically and mentally.

The group which seeks the classes offered by adult education services, or who are placed there by social services programs, is the middle group. This group is the most visible in public and private schools and yet the least identified and diagnosed in adult educational and vocational services. This is due largely because they are informally misidentified as mentally retarded and improperly placed in groups of adult students and job trainees who are developmentally delayed.

No onus can reasonably be placed on anyone for deliberately fostering this situation of placement because, I believe, educational programs sincerely wish to alleviate and ameliorate the condition of learning disabled adults. Unfortunately, separate educational and vocational training facilities for LD adults are not available.

The real problem is that there is no linkage among the professional communities dealing with learning disabilities; there is no network of communication to transmit the existing

supply of usable knowledge, probably due to an almost total lack of professionals in human resources development who have a background in learning disabilities. The professional disciplines involved with study and service of adults with learning disabilities do not share a common communication vocabulary and syntax regarding learning disabilities because their professional viewpoints are different. They are all looking at the same condition from different places. It is the United Nations with no translators. Let me say again, the situation is no one's fault, but it is acute. Educational service delivery to adults with learning problems, and learning disabilities as a sub-group, is woefully deficient.

An informational blitz has begun only in the one professional community: the Illinois Adult and Continuing Education Association (IACEA). The membership seems to be mainly professionals presently teaching adult students in basic education, high school diploma, and GED programs, and in community colleges, as well as job training programs. In IACEA, a Learning Disabilities Section plans a strand for the yearly state conference.

The need for additional professional training in learning disabilities may be slowly osmosing to the teacher training institutions, but the rate of informational evaporation is very high. So little training is presented that "wipe-out" is almost guaranteed. Practitioners for many years have been hanging up their shingles without adequate

preparation in learning disabilities, so that when they encounter learning disabled students, the educators are gullible to the medicine men of "new and wonderful" educational techniques and the wandering salesmen from book companies who promise fantastic satisfaction with their materials and books.

Policy makers at the federal, state, and local levels respond to the pressures of lobby groups. Adults with learning disabilities can hardly organize their own lives, much less provide organized and successful political advocacy on their own behalves. Policy makers must depend on non-LD informants for information and needs analysis. What they hear from advocates is in diverse tongues. It is even difficult for professionals in the field of learning disabilities to communicate with each other regarding definitions, etiology, and service delivery. The state of the art is still uncoordinated territory. The lobbying advocates have different views and concerns. It is, therefore, to the credit of policy makers that the regulations for educational services are as well organized as they are.

In universities around the country there are three main sources of professional training which neglect a comprehensive overview of learning disabilities: the researchers in learning disabilities and neurology who must by nature of their work be very focussed on details, the colleges of education who train teachers of adults, and the departments

of vocational and technical education who train professionals in human resources development (training and development). As far as I can determine by attending conferences, reading professional literature, conversing with professors, and by personal observations of educators, precious little communication is occurring among these three regions. They are not all "rediscovering the wheel" in their localities (so to speak) but are perfecting components of the ultimate understanding of the educational problems of learning disabled adults in various situations. "Ultimate" is not soon enough for the people with learning disabilities who need viable adult educational and vocational services now.

The professional territory I have explored this year is unorganized and underdeveloped. There is limited exchange of information; for example, researchers present their findings at conferences and can be heard by the professionals in service delivery. The service deliverers are not familiar with research design, for the most part, and need assistance in translating research into usable ideas and teaching techniques. Medical research in sensory integration is absolutely on target, but educators rarely have access to publications in the medical field. The adult students must be tested in order to establish eligibility for learning disabilities services delivery (another issue); however, the results in the reports are not easily interpreted for adaptation of educational delivery. Lastly, there are a few

available books relating dyslexia to the literacy problem in the United States, but those publications are not finding their way out to the literacy volunteer training centers, much less being used to plan lessons for the literacy students.

The professionals in each university community know there exists some isolation from other fields, but there appears to be no cross-training of "interpreters" to bridge the communication gap. We are not even talking of solutions to problems, because the problems are not yet solidified. There is an awareness of issues, or there may be after today, from which to mold and define the shape of educational services to come.

Before I discuss in detail the discoveries I have made on my explorations, I will relate where I have been on my investigations. To begin with, I was part of a United States Department of Education RSA grant to the Illinois Department of Rehabilitation Services with which we developed techniques and materials for training rehabilitation counselors to service learning disabled clients using the Illinois Management System. We conducted five two-day training sessions throughout Illinois. Concurrently with this, I served as a consultant practitioner to the local adult education center which has a JTPA program, ABE, GED, and high school diploma programs, and a nursing assistance program connected with the welfare program. In addition, I provided direct service to

students. Two proposals which I helped author at this adult education center and a regional community college were not funded; the need was not recognized. A renewal of the DORS grant was not funded either. I have spent hours in the libraries of the University of Illinois trying to locate references to connect the findings in learning disabilities to the practitioners in adult education. I have presented five literacy training sessions to volunteers in regional centers in Illinois. I have been to Canada and Mexico on informative missions.

I wish I could report the discovery of a treasure of published information which would integrate the issues I am about to describe, but all I can offer is to be the "scout and guide," a resource person to inform, direct, and train people who need to link up with other sources of knowledge, to interpret it, to transform it into usable information for the adult education practitioners who then can apply it to the needs of the adult education consumers with learning disabilities.

Issue 1. Identification of Adult Students with Learning Disabilities

It is important to remember that learning disabilities are only one kind of learning problem. Seen from a practical standpoint of service delivery, learning disabilities can affect the learner as a single processing difficulty that

affects all learning modalities, for example sequencing; a single affected sensory modality, for example the visual channel; or as a collection of bothersome difficulties which are mild in and of themselves, but together they get in the way every time something new is learned, for example letter reversals, remembering phone numbers and anniversaries. In delivering services, the type of learning disability affects how a lesson is presented, reinforced, repeated, clued for recall, and practiced.

As far as legal eligibility for mandated services is concerned, the situation is more complicated. Currently identification of adults with learning disabilities may be prompted by observation, screening, or by a statement from the adult student. Legal eligibility is dependent on how services are delivered at different educational sites, and how criteria have been established at those sites. Remember that an adult student may indeed have one of the types of learning disabilities for a lifetime, but may or may not ever have qualified for services, depending on the level of his or her mental functioning in relation to independent skills level and local eligibility criteria.

The legal diagnosis of learning disabilities must be performed by a licensed examiner (Cowen, 1986). The condition is exclusionary, that is, it is not the result of some other physical or mental impairment. However, learning disabilities can coexist with other problems of sensory

impairment, such as dyslexia reading braille, or poor language reception of sign language. Visual impairment is not the cause of the dyslexia; sighted people also have dyslexia. Poor language reception is not the result of the hearing impairment; hearing people also have poor language reception.

Learning disabilities are a presumed central nervous system dysfunction. Research is accumulating that in time should indicate and describe the location in the central nervous system where the dysfunction is located.

Intellectual potential is measured by a test of mental functions or an academic predictor test such as the Wechsler Adult Intelligence Scale or the Woodcock-Johnson Psychoeducational Battery. From a practitioner's standpoint, I have always used the highest subtest score for planning the level of presentation to the students. The skills performance level indicates the level of materials to use. The highest subtest score says to me that, without any neurological interference, the student would be at this level in all subtests. For legal purposes, the intellectual potential is determined from the combination of the verbal or the performance subtest scores. If the learning disabilities are of the nuisance variety, there will be a small depression in subtests using the skills affected by the learning disabilities. If the learning disability is in short term memory, all the verbal directions will be affected, as well as the

digit span subtest. To me as a practitioner, the composite verbal or performance score is not as helpful as each subtest score.

The potential-achievement discrepancy analysis for legal purposes is the difference between the performance levels of the academic predictor tests and the actual skills levels achieved on the academic achievement tests. If the criteria for service, locally determined, is "two or more years discrepancy between potential and achievement," that is one thing, but if in addition there is a clause of "or achieving on grade level," there can be gifted students with nuisance learning disabilities who must discover their own ways to compensate because they never can qualify for service. Their potential may be three years above placement, but they are achieving at grade placement level, three years below potential; they never qualify for direct service according to the criteria. An average potential achieving student three years below potential would probably fail three school grades and be eligible for services. In my experience, many of the due process hearings have been related to situations like this. Intelligent parents who know the intent of the law believe their learning disabled child is not receiving free and appropriate education which really makes sense. When this situation occurs in families who have neither the time or money for due process inquiry, I personally believe that the students become the behavior disorder

problems in schools. They know they are being short-changed and become bitter. If the family is poor, the issue becomes one of social class; if the family is minority, the issue becomes discrimination. If the bitterness against public schools and society festers, the issue becomes crime. If the bitterness is internalized to helplessness and hopelessness, the issue becomes substance abuse. My own opinion is that jails and prisons are full of gifted and talented people who did not get supportive help when they needed it.

The last criteria for a differential diagnosis of learning disabilities is that it is a chronic condition. By this we mean that it is for a lifetime. There is no cure. There is a cure for academic underachievement, though. The remedial programs set up by legal mandates will guide the LD students at a pace to which their own compensatory talents can operate. The rate of learning depends on their overall academic achievement potential (IQ), but the rate they learn in the sensory channels affected by the learning disabilities will be slower than the rate in the non-affected channels.

Identification of the adult with learning disabilities is such an issue because what is needed for legal determination is not very helpful in planning and delivering educational and rehabilitation services. Scores do not aid in defining academic and vocational functional limitations.

Issue 2. Instructional Sites Where Adult Students with Learning Disabilities Appear

Some time ago there was an effort in my school district to locate an all-inclusive reading program for instruction of elementary students. The hypothesis was that there actually might be a way to teach developmental reading in a way, using the appropriate materials, that would avoid reading failure. First, the "look-say" method was discarded and a linguistic method was adopted. There were still learning casualties, so a programmed reading method was adopted. The program did not suit all learners, so a phonics basal reader program was offered. When this did not produce one hundred percent success, the experiential method was used to teach reading.

The amazing set of circumstances was that every time the reading instructional method was changed, a new set of learning disabled students emerged and became eligible. As long as the reading method did not require utilization of a weak learning channel, the learning disability remained dormant. What this says to the field of adult learning disabilities is twofold: the learning problems that emerge will vary from site to site depending on the method of training or educational delivery and on the level of learning aptitude of the instructional group. If the method of training or educational delivery does not require the weak learning channel, no one knows about a hidden learning disability. If the students are inventive, and have com-

pensations for the learning disabilities, it is obvious they are learning but not in a customary manner. The instructor may have planned a learning sequence of activities for mastery, but the inventive adult with learning disabilities will adapt and distort the system in order to arrive at mastery.

There are, then, patterns of learning disabilities that emerge in various educational and training sites, depending on the general characteristics of the instructional group and the customary teaching and training delivery to that group.

The issue is that trainers and educators at instructional sites have very little perspective on their own influence regarding which learning disabilities surface because of their own educational delivery style. Furthermore, there is little understanding of the mechanics of delivery, that is, theories of learning and application. If the instructors were aware of the delivery techniques they use and the related theory of learning, it would be a simple matter to locate where the learning problems of certain students emerge in the sequence of learning. Once that was accomplished, modification of materials and delivery could be made, assuming that the instructor has the skills to do so.

At university programs to support LD students, the language and reading levels are relatively high for admittance to the universities. People with language processing problems are sorted out. Visually impaired students, and

auditory impaired students who have high language processing abilities and high academic aptitude (IQ) can obtain alternate instruction to bypass the weak intake channel. Suppose that the learning problem is in visual or auditory processing, without sensory impairment. The supportive services for all handicapped students provide alternative processing techniques according to which learning system is strongest. Learning disabilities of university and college students seem to cluster in spelling, handwriting, organization, and time management of schedules and assignments. They were observed to have many gross motor and balance problems. Support is given to only those learning disabled areas affecting academic achievement.

In my dissertation research, I found the students at a state correctional facility had more problems in language processing than in the gross motor skills. Often environment and anti-social attitudes are blamed for the learning problems of this population, yet there are people who rise from poverty and join mainstreamed society. The underlying problem of those who do not is in their being able to access the educational system for their own advantage. A learning disability in language processing causes havoc in listening to oral instruction and directions, in understanding explanations of school rules and consequences, and in benefitting from counseling, either from school counselors or law enforcement officers.

Through my observations of two adult high school programs, GED and diploma equivalency, I have tentatively hypothesized that the students have fewer and less severe learning disabilities than those in some other adult learning programs. The reasons for not completing high school generally center around clusters of circumstances arising simultaneously, such as teen parenthood, leaving home, "getting in with the wrong crowd," substance abuse, domestic violence, and school phobia. The students are of average ability, but when their energies were going to survival, they could not keep up with school and dropped out. Adult education centers which individualize the pace and instruction serve this population quite well. At times a student will enter having both a learning disability AND the cluster of circumstances. Instructors who are used to the general population they serve are quite bewildered with the behaviors of learning disabilities.

The students observed in adult vocational programs were in the low to moderate functioning (IQ) range, with significantly deficient academic skills, possibly due in part to chronic absenteeism in elementary and secondary school. There seems to be insignificant discrepancy between verbal and nonverbal skills. Yet, there are students in vocational programs with learning disabilities who are functioning at their lowest independent skills level. Let me explain. They

are placed at the performance level where all skills can be used without assistance or modification.

Suppose that a child enters school and is identified with a low socio-economic family by the enrollment information. Suppose that the appearance and language of the parent and child indicate low social status. Few educators even explore the possibility of hereditary learning disabilities depressing the educational and economic functioning of the family. The low academic achievement of the child is presupposed and accepted as fact. A few students I have known are aware that they are smart and have a learning problem. They feel their right to be taught, and push for attention from the teacher. Instead of picking up on the clue, the teacher begins the behavior modification and behavior disorder treatment--ignoring deviant behavior. If the child is quiet and compliant, school teachers assume low mental functioning and adjust for that. As the academic career continues, the student develops a self image of suspected low intelligence and future low skilled employment. When in a job-training center, the type of LD person I am describing is very resentful of being placed with developmentally delayed trainees. And well taken, because the talents of the LD person have never been developed. Employment at the highest functioning level is totally possible given an awareness in job training programs of how to determine the high level, and

how to support the learning disabled low skills level so they won't depress the talents.

With only a small stretch of imagination the child scenario can be applied into adult learning situations. Adult students can be very pushy for individual help. Educators of adults hardly ever attribute the pushy behavior as secondary to a learning disability. After the learning disability is located and explained, adaptation is relatively easy in the adult basic skills classes. HOWEVER, the literacy movement is very naive about these matters. Success seems to depend on repetition and open time for mastery. The adult with learning disabilities can usually adapt and learn if given enough time and patience.

The observed learning problems that students in the adult basic education classes, in literacy programs and workshop job training have were of two main types: 1) as one superordinate difficulty that influenced every sensory modality, such as poor sequencing, forming parts into wholes, retrieval by clues, etc., or 2) as a number of small learning problems that independently influenced different sensory modalities, such as an eye-tracking problem with an auditory reception problem and a small motor pincing problem. This would leave no intact learning modality that was dependable. Instructors are more challenged by the mixed problem situation than a single learning disability because of the delicate maneuvering one must do to guide the student

learning through many obstacles. The cumulative effect of multiple learning problems is a depression in learning functions that emerges in test results as mental retardation. Rehabilitation clients are placed in workshop training with developmentally disabled trainees with the same service delivery. While the skills levels may be comparable, the learning process is very different.

The issue of instructional sites is in the identification of learning disabilities characteristic which seem to cluster in particular sites, and in developing appropriate, adaptive delivery strategies.

Issue 3. Diagnostic Test Interpretation for the Practitioner

This issue is no one's fault; I am not going to blame anyone. It is the long term result of the discipline of diagnostic testing never having had to provide practical information for direct service to adult students or rehabilitation clients. On the other hand, the instructors or counselors do not receive adequate training in either the interpretation of test results or how to find what they need in the reports written by the psychoeducational or psychoneurological evaluators. One personal observation over the years is that, generally speaking, the talent of evaluation and the talent of teaching are not at all similar. People who have one talent rarely have the other. Not only that, by developing these exclusive talents, the viewpoints of the

professionals diverge more and more. Territories can be defended.

Sometimes psychologists are more than irritated when the practitioner asks to see the protocol of a test. I like to look at the answers themselves just to see each response as the person is taking the test. Often there are clues to help with instruction, or consistent errors that indicate one or more of those nuisance learning disabilities. Some psychologists have inferred that I might be doubting their professional competence. Not at all.

Sometimes the educational practitioner is comfortable with a certain teaching procedure. If the psychological report suggests another way to teach the subject, the teacher may feel threatened.

Did anyone just notice that the same person is a subject to the psychologist and a student to the educator? The same person is a client to a rehabilitation counselor. The viewpoints are clearly different, even when the learning disability is the same.

In this whole situation of adult students with learning disabilities, the service providers in each profession use information from the adult for different types of supportive service. To the best of my knowledge, the professions are so self-contained by virtue of their training, that they are unable to communicate effectively for the sake of the person they wish to help.

Issue 4. Professional Training of Educators Who Teach Adults with Learning Disabilities

From my observations over a period of a decade of the awareness of educators of adults about learning disabilities, I could say that those instructors who have the greatest awareness are those who have first hand personal experience with a learning disabled person in their own family. The next group, and this is a very small one, have had learning disabled students in their classes when they taught in elementary and secondary schools. There they saw a variety of learning and social behaviors related to the learning disabilities. Another group of instructors of adults who have awareness of learning disabilities are the curious ones. These instructors are risk-takers. They do not hop on every "bandwagon" that comes along, but they love the thrill of discovery. The thrill seems to come in finding a way to greater effectiveness for their own instructional effort, and in the pleasure that the faster learning gives to the students. In other words, this last group is self-taught.

The issue is, why was there no training in learning disabilities BEFORE the educators of adults began their profession? Certainly some readings and discussion would help form correct attitudes toward the different types of adult learners. Whether the instructors of adults are being trained to practice in adult basic education or continuing education for professionals, there generally will be someone

in the instructional group with a "different" way of learning than the others in that group.

Training in learning disabilities could minimize the sarcastic remarks that instructors are heard to make about their adult students, both while they are teaching and to other instructors later. Compassion is needed, not sarcasm.

With more and more community colleges developing counseling and support services for learning disabled students who have the potential for college level understanding, training is needed in the area of test interpretation. Students are coming to the community colleges with their dossier of testing from the secondary schools, quite often a folder of numerous documents. No one has time to read through the whole folder and become familiar with the educational history of an incoming student. There are crucial bits of information quite necessary for effective instructional planning and delivery for the learning disabled student: academic prediction level (IQ) which indicates the speed at which new information can be acquired; skills performance levels which indicate the independent reading comprehension and mathematics skills; and the profile of scores of the subtests on the diagnostic test used to declare eligibility. These scores form a profile which is invaluable for planning the presentation of instructional material by indicating the cognitive level and the highest learning modalities for best instruction. When remediation is not

part of the instructional planning, the best way to teach a learning disabled student is through the person's strengths.

Another part of this issue of professional training is the assessment of classroom learning. For reasons of convenience, or the instructor's personal preference, exams often are of one form: true-false, multiple choice, or essay. If the adult student has a slow reading speed due to having to cope with a learning disability, a timed test of lengthy items to read will not necessarily reflect the student's knowledge of the content being evaluated. Educators of adults need to know how to assess students in a variety of ways.

Lastly, if learning disabilities could be viewed on the continuum of very mild nuisance learning problems to severe involvements in learning modality or learning process, there would be no excuse to omit this vital subject as part of professional training. Every educator in adult learning will encounter a student, sooner or later, for whom planning and delivery must be individualized to a certain extent. We would hear none of the excuses such as "Well, I'm not here to teach skills. If the student can't read before s/he gets to my class, s/he doesn't belong here." The first part of the reasoning is correct in content courses. But the second statement is not correct. Perhaps a totally blind person could master the intellectual content of the course, but not read the printed text. Some accommodations can be made. The

difference is that visual impairment is very obvious and offering help in this case has a halo about it. The learning disabled are often not as easily diagnosed, and the instructors I've observed seem to suspect that an enterprising student is exploring passive learning possibilities, by claiming learning disabilities and fraudulently obtaining services. The major truth is that very intelligent people may have nuisance learning problems, and by using their intelligence they DO maneuver other people into assistance. That does not deny the learning problem, however.

Issue 5. Continuing Education for Professionals in Adult Education

One disservice that national awareness of dyslexia and illiteracy has done for the concept of learning disabilities is to present in the media only one kind of learning disability. In my conversations with service delivery professionals in education, I have heard the statement, "Learning disabilities? That's dyslexia, isn't it?" What develops from this kind of thinking is the opinion that if a person is learning disabled, that person has trouble with reading. Some learning disabled people can't read very well, but can perform mathematics at the post-graduate college level; others may have trouble with auditory language reception, or with balancing the body while standing or moving about, so they sit all the time. Another consequence of the thinking

pattern is that if a person is learning disabled and the trouble is not with reading, that means the person is developmentally disabled, learning on a gently sloped achievement line. Still another could be the one I spoke of earlier--The "LD Con-game": "Do it for me because I am LD." The whole panorama of learning disabilities is not being presented to the public.

Since there is not general awareness of the scope and impact of learning disabilities on people's lives, the professional educators of adults cannot insist that they receive training in this area. They continue to "ply their trade" in ignorance. The Illinois Association for Continuing and Adult Education is supporting a Learning Disabilities Section which sponsors a strand at the annual state conference. I see nothing of this at the national level in the same organization.

Professionals in the field of reading have made the connection between reading disabilities and literacy. The literacy students have not appeared from a vacuum: most of them have been to school and have not learned to read.

People with less than functional literacy (eighth grade reading level) are showing up for the federally funded job training programs. One administrator of such a program, half in jest, told me "I don't know why you are talking about learning disabilities; most of our students are like that." If the teachers in that program, and I would venture to say

many other programs, were to have inservice in teaching techniques for adults with learning disabilities, the success rate would be greater in terms of time, effort, and placement.

We have a major problem in this area. In order to maximize service to adults with learning disabilities, we must have either public awareness or legal mandates to initiate the services. Public awareness will promote local programs to improve the quality of their service. Legal mandates will prompt people who receive federal and state funds to wake up and create programs, or lose their funding. However, in order to form the mandated programs, there must be advocacy to the legislators by informed lobbyists. The learning disabled people themselves aren't doing it.

To digress for a moment, one reason for the non-lobbying by LD people is that professionals who understand lobbying must compensate for their own learning disabilities, and are very reluctant to admit their problems. The people at the lower end of the performance continuum are not advocacy minded, many times even for simple fair treatment at school or at work. Then, assuming that all the L.D. people could amass at a single convention, the very fact of their mixed learning disabilities makes communication bizarre. One such small meeting occurred in Washington prior to the formation of the National Network for Learning Disabled Adults in 1981. The dyslexics with phenomenal vocal ability

had a field day in the discussions. The people with auditory processing learning disabilities who were fantastic readers wanted everything in writing. Participants who were not aware of the dichotomy sensed a political power struggle, not a communication disparity. This is the main reason that there is not a very strong political unity among learning disabled people themselves.

We do have some legal mandates that are being used by learning disabled adults. The Education for All Handicapped Law of 1975 (P.L. 94-142) can be used to acquire educational services until age 21. Not too many adult educators know about this. Specific learning disabilities are category nine of the identified handicaps listed in the Vocational Education Act Amendments of 1976 (P.L. 94-482). Not too many educators in the job training programs know about this one.

But even without legal mandates, the conscientious educators reach out for professional assistance from the secondary school programs for learning disabilities. When a learning problem is evident, they find diagnostic and advisory services. To me the real need in continuing education for professionals in adult education is how to be enterprising in order to maximize one's own efforts. There is no substitution for a gigantic "bag of tricks," unless it is the belief that there is an answer for every problem, if you define it correctly and keep looking.

Issue 6. Attitudes of Service Providers Toward Adults with Learning Disabilities

From my observations and information from advocates for service in a few other instructional situations, the most obvious attitude is fear. First, it is the fear of a flood of LD students enrolling, and that the existing student support system will be drowned by the needs of many people with learning disabilities who need help. It isn't so much a fear of the students as a fear of promising more than can be delivered, or appearing to be able to deliver comprehensive service with a very small resource staff.

Also common is a protective attitude toward the reputation of the community college as a quality educational institution. The fear of admitting, or even recruiting, LD students from regional secondary schools is based on a realistic prediction that overall achievement level of the college could be lowered by an influx of poor achievers. This prediction is correct, but the assumption that all LD students are poor achievers is incorrect. With adequate academic counseling, poor achievement can be averted.

More prejudicial is the attitude that a unique and defined learning problem is equal to overall developmental delay. The statement has been heard that "learning disabilities is just a fancy name for retardation." If outright rejection is not experienced by the LD student from the onset of enrollment, a more subtle rejection can be maneuvered by

impossible assignments and refusal to assist with them. The student is allowed to drift into the reject pathway and flunk out.

The ultimate attitude is patronizing as justification for non-admittance. "If LD students always need support through school, they never can be self-sufficient and lead independent lives. Why subsidize dependency? They could just be lazy and not want to grow up." The "never will amount to anything" attitude is used to neglect any special education programs in jails and prisons. "Waste of taxpayers money, you know."

Another attitude is stated as thwarted good intentions, "We wish we could help those people, but we just don't have time for the special training it takes. We might actually do something wrong and make things worse." "We want to help, but we don't know how."

Sometimes the instructors feel inadequate to the problem. Rather than seek help, or maybe after not finding professional assistance, an attitude can develop that, "I'm doing my best, and I have been for years. No one has complained about my way of doing things. I certainly don't need help now."

Contrasted with the resistors are the attitudes of the risk-takers. Compassion and empathy, perhaps from personal experience, enables some instructors and literacy tutors to slow the instructional pace, simplify the materials, consult

with the adult student about learning problems, and to build in moments of temporary setbacks. Failure is not considered, and faith that something will work is maintained and communicated to the student. The curious instructor and literacy tutor seem to ask detailed questions because they have observed patterns of distorted learning or memory. They have defined problems as practical challenges, rather than verbalize vague projections of inadequacy.

Issue 7. Instructional Materials and Delivery Techniques

The professional seminars presented by the American Management Association, and by a host of other commercial educators depend on a variety of presentation modes. It is "volksgarten," the grownup version of kindergarten: listening, playing games, "pretend" time (that is called "simulation"), audio-visual presentation, etc. From what I've experienced, I have not formed a clear impression of the rationale of the materials or instructional delivery other than the content is composed around the title of the seminar or training. I tend to think that the clue is "variety," and the approach is "buckshot," not the learning characteristics of the participants. In some cases the clue is "blitz," a multi-media attack of three-screen panoramas, loud rock music, and fast-forward advertising techniques. I have had the impression that the training was supposed to be a "peak experience" in terms of sensory impressions. Training by

psychological principles, especially those used in advertising, clearly is not the same as principles of learning, although they share the common purpose of memory retention.

The complementary notebooks of materials that accompany the training sessions are filled with outlines and sample forms. They seem to be designed more as sales products than as tools of instruction.

Whether the instructional setting is high-tech corporate professional training or adult basic education, the issue is whether the material and the delivery techniques are flexible to accommodate the learning styles, skills abilities, and learning strengths of the students. Most materials are created for just one teaching technique. Textbook companies who are publishing materials for adult basic studies have "suggested activities" or work papers for reinforcement (drill) of the skill or content concept. Unless the instructor is fairly knowledgeable about learning modalities and conceptual levels, the optional activities are probably selected if they "look like fun."

Lately I read an article by Robert Gagnê on Mastery Learning and Instructional Design (1988) as applied to adult learners. The very same principles have been advocated by Madeline Hunter (1976) in her training program for secondary school teachers, but were part of my elementary teacher training by Rose Sabaroff at Harvard in the early 1960's. The intent is basically how to set up a lesson that is

"failsafe," that is, no one will fail and success will be observable or measurable at one hundred percent. Lesson planning presupposes that the instructor knows the learning system of the students. If the student's learning system varies a little or a lot from the predicted system, adjustments must be made by the instructor, not the student. We should be in the business of "customized instruction."

The issue here is not whether students learn better from a delivery system that interfaces with their own personal learning system (which they apparently do), but how can career educators of adults acquire the skills needed to design flex-systems of learning? The presentational approach needs to flex in several dimensions: delivery speed, conceptual level, skills level, and learning style. When an adult with learning disabilities encounters a difficulty, a few probe questions can determine the source of the barrier. Then some choices should be available for flexing the presentation.

Issue 8. Types of Instructional Assistance to Adult Students with Learning Disabilities

If all the creativity used for excuses for not providing instructional assistance for learning disabled students were concentrated into inventing low-cost programs, this issue would disappear.

Of course, there is a snag in this assumption. Some learning disabled people have the notion they could do anything in the world at any intellectual level if they "get help." It never has been clear to me where this fantasy originates. In my work of over twenty-five years with learning disabled students of many ages, I have encountered those for whom "get help" meant "do it for me, and I'll take the credit," "Get me started in the right way and be sure I continue to do it right," or "Be sure I understand all of it, then leave me alone until I am finished and ready to check."

The snag has another version. It is, "I couldn't do such and such because no one would 'help' me." The people who pass the blame have generally been those who need an excuse, or a target for anger.

Educational institutions create their own brand of excuses for not developing services. One common excuse is what I call the "corporate excuse" because businesses also use it: "We are not in business for charity; there are enough people without learning disabilities that we can admit/hire." Another is "if they can make it without help, we don't care if they are here and don't bother us with the problem." Is it any wonder that learning disabled people do not wish their particular difference to be known?

Another excuse is the mirror image of "Give me your tired, your huddled masses" and that is, "What if they ALL came here; then what would we do?" I am tempted to say,

"Charge them tuition, increase your enrollment, and create some new services."

It would not surprise me if the thinking behind the negative statements originates in a fear of contamination of the institutional blood line. Furthermore, it might be a fear of imagined due process accusations should a learning disabled student slip in and discover the truth--prejudicial treatment toward a handicapped person.

There are a few services that can be offered through the offices that provide other student services. One type is coordinating a student with a tutor who understands the nature of the learning disability and is willing to tailor the tutoring around the problem. Another is finding readers for the blind to record textbooks for slow readers. Note takers can be located within the classes themselves by the instructors. Alternative testing locations can be arranged as well as appropriate extensions of test time. Educational counseling can be effective to even up course requirements so that a number of heavy courses are not taken at the same semester. The student testing counseling services could find job-related learning strengths on which to base career options.

The real issue is ignorance of learning disabilities as they affect college and university matriculation. The colleges and universities are not the only places where discrimination is felt. Average functioning adults with

learning disabilities who are not college-bound encounter exactly the same acts of prejudice. Adult education and job training programs assume low intelligence or an attitude problem as the cause of the behavior which actually originates in a learning disability.

Interestingly enough, the consumers of these services are doing the same treatment to the institutions as the institutions are applying to the learning disabled adult students themselves: denial of help. Demanding services and threatening with a law suit if "reasonable accommodations" are not forthcoming does not make friends or encourage program development.

The issue is not what kind of service to create, but what segment of the learning disabled population can be served in a way that is compatible with the services offered to the same segment of the non-learning disabled population in that institution. It is a refinement of understanding of the scope of learning disabilities so that discrimination will produce the best educational products possible for all students who are capable of matriculating at that institution.

Issue 9. Interpretation of Public Policy

When P.L. 94-142 was passed in 1975, we already had a comprehensive service system in Urbana, Illinois, for children with learning disabilities. It had been developed

by Samuel Kirk and James Chalfant to serve the children and to provide the special education practicum for University of Illinois graduate students.

After the law passed, the LD teachers breathed more easily because our teaching positions were legally mandated and we felt the LD program could not be arbitrarily cut by the local school board. We were totally innocent of the blizzard of paperwork about to fall and the federal compliance reviews of our records. We resented the Individualized Educational Plan (IEP) because we already had a system that worked.

I am going to relate some incidents that will certainly be repeated when policy is created for educational delivery to adult students with learning disabilities.

One of the first results we observed after implementation of the mandates was a sudden deterioration of an already poor attitude of the classroom teachers toward the LD teachers. At first it had been simple envy because we were on a 1:1 teaching ratio. There seemed to be an appreciation of the help we gave the students. After P.L. 94-142, classroom teachers used every means they could invent from direct verbal abuse of the students to assigning impossible research topics to the students, in order to effect poor classroom performance, then refer the students to get rid of them. I went from a case load of 10 to 50 in one year, and

from a skills development remediation program to an academic assistance program far above the abilities of my students.

Another interpretation of the mandate was in leniently interpreting the results of the psychological testing in order to declare eligibility. The action was motivated by the notion that if we gave help to floundering students in their early school years, they would be able to survive in the school system.

The mandates did not specify what type of service was to be provided: that was delegated to the local school districts. When data-based instruction moved into vogue, our remedial rooms were converted into high-tech "learning labs," with Plato computer terminals and programmed instruction. Indirect instruction emerged. Teacher contact became minimal and students were programmed. Achievement charts were maintained for each child. My total lack of compliance with this method of instruction caused me to be placed on professional probation for nearly two years. My professional belief is that software programs have their place in the learning sequence as reinforcement drill for speed and accuracy, but they are no substitution for a teacher's comprehensive analysis of the learning schema of a learning disabled person.

A certain amount of freedom is given by the mandates to local school districts to determine the eligibility criteria and budget for service delivery to learning disabled stu-

dents. During the early years of P.L. 94-142, when classroom teachers interpreted the LD services as a placement for any child with a problem, and with the leniency we had in determining eligibility, any classroom teacher who was familiar with behavioral psychology found it possible to manipulate any child into disruptive and non-productive behavior by constant criticism, too difficult assignments, and overbearing discipline. Some of our LD programs became custodial for late bloomers who suddenly were "cured" of LD when their maturity established readiness. We inherited every behavioral problem, whether related to CNS dysfunction or something else.

Parent involvement began in our local school district when they began complaining about the LD services being a dump for every disruptive and unproductive student. The response of policy makers was to tighten criteria. The overloaded LD teachers welcomed the move, but the classroom teachers were very upset with having no place to relocate their unfavorite students. Because the LD teachers knew virtually every child who had any kind of learning problem, we began to notice at re-evaluation time that many of the bright LD students lost their eligibility due to the criteria change. The situation did not escape notice by the parents: a few due-process hearings resulted.

Our district special education administrator reported that the "least restrictive education" clause was being

interpreted by some parents as meaning a full-time homebound special education tutorial program financed by the local school district. He further stated that the due-process hearings cost the districts so much of their budget that travel for conferences for the LD teachers was drastically cut. Even the budget for special materials and supplies was affected by court costs.

The reason for relating these stories of interpretation of the law at the practitioner level is that adult education services for students with learning disabilities is about twenty years behind the public schools. Since the public school LD programs are not totally successful, LD students drop out of school only to reappear in rehabilitation programs, prison education programs, and job training programs. The result is a high concentration of adults with learning problems ranging from mild to moderate CNS dysfunctions is becoming intense in these sites.

Adult education providers are going to face the issues related to interpretation of mandates just as the public schools have.

Issue 10. Interfacing Research and Practice

At one time, I heard it said that instructional application of research takes twenty years. This was at Harvard in 1963 when I studied for a master's degree in education. However, there, research findings were immedi-

ately applied to our practicum experience and we were expected to evaluate the practicality of research being done by B. F. Skinner and Jerome Bruner in learning theory. We read the new books by Piaget for relevance in child development. We were introduced to "Why Johnny Can't Read" by Jeanne Chall, herself. The students in my degree program accepted the idea that research in education was to be read and applied. We learned how to do it.

When I moved to Illinois in 1966, it was just at the beginning of the awareness of learning disabilities, and coincidentally, the University of Illinois, Department of Special Education, was beginning to develop the Illinois Test of Psycholinguistic Abilities. My teaching assignment was only ten blocks away from the center of activity. The practitioners were consulted for specific needs to be addressed in planning curriculum for training learning disabilities teachers. We were resource people for researchers, and their work was communicated to us by workshops and first-draft articles. I continued in my assumption that research and teaching were partners.

As I mentioned earlier, that assumption was shaken by the attitudes of some of the career classroom teachers with whom I was working. Their attitudes of "if the shoe doesn't fit, get rid of it," applied to students who did not fit the particular teaching style of the teacher, and that included minorities in the early days of school bussing and the

learning disabled students who were not learning from those teachers. When approached with an alternative teaching style or a modification in materials, these teachers felt criticized or threatened and were resistive. So it is with educators of adults--some have a lot of fun with a new approach, and others prefer to continue with their habitual methods. I am saying this because the issue here is change. If practitioners are resistant to change for whatever reason, research made practical will not be accepted.

One way to interface research with practice is to recreate the researched teaching method on a small scale, matching as nearly as possible the adult learner with the experimental subjects and to duplicate the experimental method as closely as possible. Anecdotal records, as they accumulate, along with post-testing on the treatment, will indicate if the teaching approach is viable, at least for certain students.

As with our professional psychologists who have a "tests and measurements" view, educational researchers also have a professional view. We could claim it is "internal quality control" based on the goals and methods used to arrive at the goals. In both professions, the working environment and the subjects must be separated from influencing stimuli. In teaching, it is the intent to introduce influencing stimuli to initiate and direct the learning process. One criticism the practitioners have voiced in our

university community is that the researchers "live in their ivory tower." It is true that sometimes the researchers have been there for so long they have lost contact with the practitioners' world. The research projects they propose are flying above and beyond application in a practical service delivery setting. Mostly this is because the crucial variables that exist in the service delivery setting are often quite unknown to the researchers.

To interface research and practice, the effort must be made by the practitioners. Without a commitment of a budget line item, or an IEP objective, a conservative teacher can explore different ways to analyze the effects of learning disabilities on individual people. If a treatment described in a journal article or book has been applied successfully to students very similar to the local student, a few sessions trial may provide another teaching technique in the repertoire.

Conclusion

We have been reviewing my exploration of the territory of adult learning disabilities, each of us with our own private agendas. We have attended to the information that has an interest for us individually. As with the Lewis and Clark analogy, we have referred to the existence of communities of theorists in learning disabilities who are established in the territory: researchers, psychologists,

educators, rehabilitation therapists, and job trainers. Each of these communities has terminology about learning disabilities that is traditional in the community.

Our adult students with learning disabilities are moving through the various communities as pioneers moving west. They will settle in your adult education programs.

You can be the service providers along their way and, in their educational settlements, be analogous to the merchants, lawyers, doctors, and preachers of the pioneer days who moved with the settlers and remained with them to assist them with their new lives. Your leadership and support is vital for their survival.

As their leaders, you need to provide the liaison between the human components of the issues described today, conceiving of the issues as opportunities to create a better knowledge base of learning disabilities for practitioners, and better communication between the professional communities and consumers. You have the opportunity to influence public policy from the vantage point of experience.

Problems are issues which have solidified. Sometimes it is better to work with them in solution before they lose fluidity. Once "in crystal" as problems adopted by opportunists, charge is more difficult. Now is the time for sifting, sorting, and modifying while these issues are still flexible.

Be curious and interested. Learn the terminology of learning disabilities, and encourage the practitioners in adult education to grow in the awareness and skills related to learning disabilities.

Useful Resources

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